

**FILED OCT 16, 1947**

Registration District No. **1**

Primary Registration District No. **3025**

Registrar's No. **34**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
OCT 15 1947

**1. PLACE OF DEATH:**

(a) County West Plains mo

(b) City or town West Plains mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)

In this community 2 yrs

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Neveell 46

(c) City or town West Plains 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 312 W. Main 1  
(If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mr William Gordon

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-28-1035

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 9- day 21  
Year 1947- hour 11 minut 30 P.M.

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced m=

6. (b) Name of husband or wife Beulah Gordon 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 8/25-1889-  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 24 Apr 47 to 2 Sept 47  
that I last saw him alive on 24 Apr 47  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 58 Months 7 Days 7 If less than one day hr. min.

Immediate cause of death Angina Pectoris

9. Birthplace Shannon Co. mo  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Retired Merchant

11. Industry or business \_\_\_\_\_

12. Name Dr Z. S. Gordon

13. Birthplace St. Francois Co. mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Thompson

15. Birthplace Shannon Co. mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations AFB

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs W. Gordon

(b) Address West Plains

17. (a) 18 (b) Date thereof 9-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixton Cemetery

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Robertson

(b) Address West Plains mo

19. (a) Oct 6-47 (b) Beatrice Cook  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Robertson (M. D. or other) 15 Sept 47  
Address West Plains Mo Date signed \_\_\_\_\_

Robertson 147

OCT 16 1947

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Robert L. Mayo*

working under my personal supervision.

Registered Apprentice No. *432*

Signed *Paige D. Roberts*

Licensed Embalmer No. *34305*

P. O. Address *Westlane Ma*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**